## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

69.878104.

| CLAIMS AS FILED - PART I<br>(Column 1) (Column 2)   |  |   |              |                               |                              |  |        | SMALL ENTITY TYPEO   |                        |                | OTHER THAN<br>OR SMALL ENTITY           |                        |  |
|---|--|---|--------------|-------------------------------|------------------------------|--|--------|----------------------|------------------------|----------------|---|------------------------|--|
| TOTAL CLAIMS  |  |   | 16           |                               |                              |  | ſ      | RATE                 | FEE                    | ] [            | RATE                                    | FEE                    |  |
| FO  | R .  |   | NUMBER FILED |                               | NUMBER EXTRA                 |  |        | BASIC FEE            | 355.00                 | OR             | BASIC FEE                               | 710.00                 |  |
| то  | TAL CHARGEA  | BLE CLAIMS                                | 6 minus 20=  |                               | .0                           |  |        | X\$ 9=               |                        | OR             | X\$18=                                  |                        |  |
| IND   | EPENDENT CL  | AIMS                                      | 3mir         | Sminus 3 =                    |                              |  |        | X40=                 |                        | OR             | X80=                                    | :                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |                               |                              |  |        | +135=                |                        | OR             | +270=                                   |                        |  |
| * If the difference in column 1 is less than zero, enter  |  |   |              |                               |                              | olumn 2                                      | · [    | TOTAL                |                        | OR             |   | 7/0 -                  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                       |  |   |              |                               |                              |  | SMALLE | NTITY                | OR                     | OTHER<br>SMALL | THAN                                    |                        |  |
| AWENDWENT A   | • • •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA                             |        | RATE                 | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total  | . 13                                      | Minus        | //                            | <i>70</i>                    | =  | H      | X\$ 9=               |                        | <b>9</b> A     | _X\$18=-                                | .2-92# EP0E>           |  |
| AME   | Independent  | NTATION OF M                              | Minus        | CNDEN                         | S CLAIM                      | =  |        | X40=                 |                        | OR             | X80=                                    |                        |  |
| لــا  | FIRST PRESE  | NTATION OF MU                             | JUIPLE DEP   | ENDEN                         | CLAIM                        |  |        | +135=                |                        | OR             | +270=                                   |                        |  |
|   | ۵  |   |              |                               |                              |  | į      | TOTAL ADDIT. FEE     |                        | OR             | TOTAL<br>ADDIT. FEE                     |                        |  |
|   | 3  | (Column 1)                                |              | (Colu                         |                              | (Column 3)                                   |        | ADDII. 1 EE E        |                        |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI<br>PAID  | IBER<br>OUSLY                | PRESENT<br>EXTRA                             |        | RATE                 | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                            |                              | =  |        | X\$ 9 <sup>-</sup> = |                        | OR             | X\$18=                                  |                        |  |
| AME   | Independent  | *   | Minus        | ***                           |                              | =  | 4      | X40=                 |                        | OR             | X80=                                    |                        |  |
| لـــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                              |  |        | +135=                |                        | OR             | +270=                                   |                        |  |
|   |  |   |              |                               |                              |  |        | TOTAL<br>ADDIT. FEE  |                        | OR             | TOTAL<br>ADDIT. FEE                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                              |  |        |                      |                        |                |   |                        |  |
| AMENDWENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |        | RATE                 | ADDI-<br>TIONAL<br>FEE |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
| NDB   | Total  | •   | Minus        | **                            |                              | =  |        | X\$ 9=               |                        | OR             | X\$18=                                  |                        |  |
| AME   | Independent  | *   | Minus        | ***                           | T OL ANA                     | <u>                                     </u> |        | X40=                 |                        | OR             | X80=                                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=   |   |              |                               |                              |  |        |                      | OR                     | +270=          |   |                        |  |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |              |                               |                              |  |        |                      |                        | OR             | TOTAL                                   |                        |  |
| ""If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |              |                               |                              |  |        |                      |                        |                |   |                        |  |

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| CLAIMS AS FILED - PA<br>(Column 1)   |   |                                   |              |                        | (Column 2)          |                  |                    | SMALL ENTITY TYPE  |                        |                     | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|---|-----------------------------------|--------------|------------------------|---------------------|------------------|--------------------|--------------------|------------------------|---------------------|-------------------------------|------------------------|--|
| TOTAL CLAIMS   |   |                                   |              |                        |                     |                  | Γ                  | RATE               | FEE                    |                     | RATE                          | FEE                    |  |
| FOR  |   |                                   | NUMBER FILED |                        | NUMBER EXTRA        |                  | E                  | BASIC FEE          | 370.00                 | OR                  | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |                                   | 1(mlus 20=   |                        |                     |                  |                    | X\$ 9=             |                        | OR                  | X\$18=                        | _ 1                    |  |
| NOEPENDENT CLAIMS  |   |                                   | _ minus 3 =  |                        |                     |                  | -                  | X42-               |                        | OR                  | X84=                          |                        |  |
| М  | JLTIPLE DEPE  | NDENT CLAIM PI                    | RESENT       |                        |                     |                  | -  -               | +140=              |                        | OR                  | ÷280=                         |                        |  |
| <ul> <li>If the difference in column 1 is less than zero, enter "0" in column 2</li> </ul>   |   |                                   |              |                        |                     |                  | Ĺ_                 | TOTAL              |                        | OR                  | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II  |   |                                   |              |                        |                     | :                | SMALL E            | ENTITY             | OR                     | OTHER<br>SMALL E    |                               |                        |  |
|  |   | (Column 1) CLAIMS REMAINING AFTER |              | HIGH<br>NUM<br>PREVIO  | EST<br>BER<br>XUSLY | PRESENT<br>EXTRA | 1                  | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| AMENCMEN   | Total   | * 15                              | Minus        | 2                      | 0                   | =                |                    | X\$ 9=             |                        | OR                  | X\$18=                        | ·                      |  |
| MEN  | Independent   | . 3                               | Minus        | ****                   | ク                   | =                |                    | X42=               |                        | OR                  | X84=                          |                        |  |
| Ą.   | FIRST PRESE   | NTATION OF MU                     | ILTIPLE OEF  | PENDENT                | CLAIM               |                  | ٧                  | +140=              |                        | OR                  | +280=                         |                        |  |
| ·  |   |                                   |              |                        |                     | ــا              | TOTAL<br>ODIT. FEE |                    | OR                     | TOTAL<br>ADDIT, FEE |                               |                        |  |
|  |   | 10 ti - 11                        |              | (Colum                 | no 21               | (Column 3)       | AL                 | )U(1,1 CC •        |                        |                     |                               |                        |  |
| AMENDMENT B  |   | (Column 1) CLAIMS REMAINING AFTER |              | HIGH<br>NUMI<br>PREVIO | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | F                  | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | AMENDMENT                         | Minus        | **                     | Oil                 | =                |                    | X\$ 9=             |                        | OR                  | X\$18=                        |                        |  |
| JENE   | Independent   | *                                 | Minus        | ***                    |                     | =                | -                  | X42=.              |                        | OR                  | X84=                          |                        |  |
| A  |   | NTATION OF MU                     | ILTIPLE DEP  | ENDENT                 | CLAIM               |                  | -                  | +140=              |                        | OR                  | +280=                         |                        |  |
|  |   |                                   |              |                        |                     | ٠                | L                  | TOTAL<br>DOIT, FEE |                        |                     | TOTAL<br>ADDIT, FEE           |                        |  |
|  |   | (Column 1) 1                      |              | · (Colur               | ทก 2)               | (Column 3)       |                    |                    |                        | _                   |                               |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER      |              | HIGH<br>NUM<br>PREVIO  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | AMENDMENT                         | Minus        | **                     |                     | =                |                    | X\$ 9=             |                        | OR                  | :X\$18=                       |                        |  |
|  | Independent   | •                                 | Minus        | ***                    |                     | =                | -                  | X42=               |                        | OR                  | X84=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .  |                                   |              |                        |                     |                  | <b> </b>           |                    |                        | OR                  | +280=                         |                        |  |
|  | • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                                   |              |                        |                     |                  | L                  | +140=              |                        | OR                  | TOTAL                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR ADDIT. FEE OR THE Highest Number Previously Paid For (IN THIS SPACE is less than 3, enter "3."  The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                   |              |                        |                     |                  |                    |                    |                        |                     |                               |                        |  |
|  | The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in comments. |                                   |              |                        |                     |                  |                    |                    |                        |                     |                               | - SIMER                |  |